Network Adequacy
Review and Regulation Planning Meeting

11:00 am-12:30 pm Central
October 25, 2018
Regulatory Health Link Division,
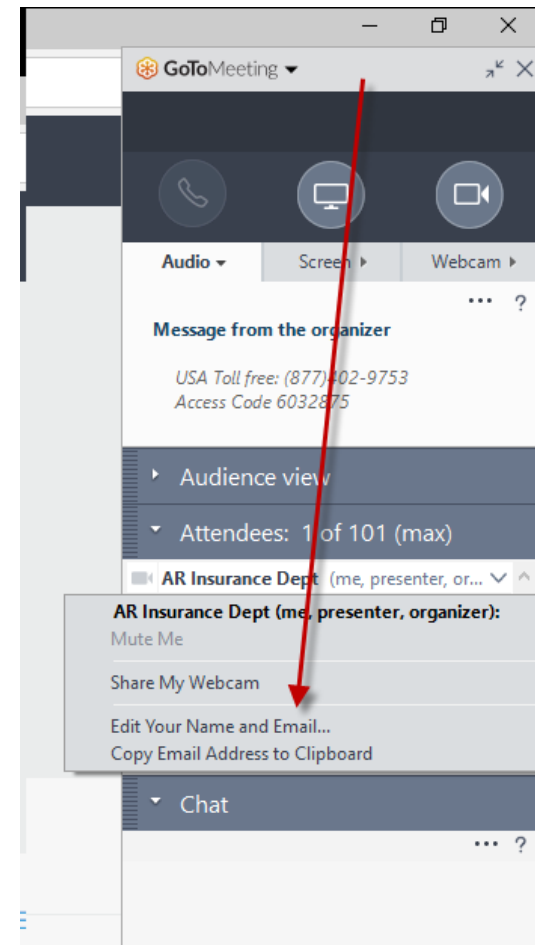**Arkansas Insurance Department**

Agenda

- **Introductions & housekeeping**

- **Federal Network Classification**

- **NA Program Updates**

- **PTNP process review**

- **Expectation from issuers**

- **Errors to avoid**

INTRODUCTIONS & HOUSEKEEPING

Introductions

- For those attending online, please enter your full name and email-id at the appropriate location in the GoTomeeting dialog box.

Industry Actors -1 (Intended Carriers)

- These meetings on Network Adequacy apply to all health and dental insurance carriers *covered under Rule 106*.

Industry Actors-2 (Intended People)

- AID attempts to communicate with three roles involved in Network Adequacy
  - NA Subject Matter Expert (NA SME).
  - Associated IT personnel.
  - Associated compliance personnel.

- NA contacts known to AID are listed and grouped by organizations in *Network Adequacy Industry Contact List.pdf* on our NA website http://rhld.insurance.arkansas.gov/Default/NetworkAdequacy. Please communicate addition or removal of contacts in list to RHLD.DataOversight@arkansas.gov

New to Arkansas NA Regulation Program?

- Program details available at http://rhld.insurance.arkansas.gov/Default/NetworkAdequacy

  - *"NA Review Process"*

    This document lays out NA activities for the coming plan year

  - Meeting slides and notes maintained in chronological order

- Data specifications & templates updated at http://rhld.insurance.arkansas.gov/Info/Public/Templates

  - For data submission requirements refer *"SERFF Network Adequacy Data Submission Instructions"*

- Call/email us for one-on-one meetings!

Arkansas Insurance Department

Rules based data driven

Network Adequacy
Review and Regulation

Version 1.0
Last Edited: November 12, 2015

FEDERAL NETWORK CLASSIFICATION REPORTS

Federal Network Classification

- These CMS information are intended as consumer information based on information provided in the *ECP/NA template*.
- This information is at the county level
- Three provider-types are being classified
  - Hospitals
  - Pediatric Primary Care
  - Adult Primary Care
- Three classifications are based on the following ratio for provider type in each county

  (<count of issuer's in-network providers>/<total count of providers>)
  - Basic (< 30% of all providers in county)
  - Standard (>= 30% and < 70%)
  - Broad (>= 70%)
- AID will not stand in the way on this initiative as long as it does not impact the State's NA Regulation Program. CMS may hold a different definition of Provider-Types from Arkansas definitions. AID will not facilitate synchronization of the definitions between this new CMS initiative and Arkansas established NA Program.

NA PROGRAM UPDATES

2018 mid-year PTNP data maintenance - Summary

Provider Type-NPI Pool Mid-Year Changes (September, 2018)							
			Issuer Actions				
Criteria	Description	New NPI Count	Add	Remove	NPI Registry based removals	Net Change from previous NPI List	% change from previous NPI List
C010	Access to Adult/Geriatric Primary Care Providers	6607	234	341	10	-117	-1%
C020	Access to Pediatric Primary Care Providers	6284	4270	177	2	4091	65%
C030	Access to Mental Health/Behavioral Health/Substance Use Disorder Facility	102	6	0	0	6	5%
C040	Access to Mental Health/Behavioral Health Providers	3282	211	269	7	-65	-1%
C050	Access to Substance Use Disorder Providers	250	0	23	0	-23	-9%
C060	Access to Oncologists	390	22	20	1	1	0%
C080	Access to Cardiologists	489	6	79	2	-75	-15%
C090	Access to OB/GYN	684	18	36	1	-19	-2%
C100	Access to Pulmonologists	204	7	7	0	0	0%
C110	Access to Endocrinologists	112	2	21	0	-19	-16%
C160	Access to All Hospitals	244	2	0	0	2	0%
C180	Access to Hospital by Licensure Type-Acute Care	203	3	0	0	3	1%
C220	Access to Rheumatologists	78	3	4	2	-3	-3%
C230	Access to Ophthalmologists	847	1	24	1	-24	-2%
C240	Access to Urologists	184	3	6	1	-4	-2%
C250	Access to General Dentists	1927	41	119	2	-80	-4%
C260	Access to Dental Specialists	351	79	11	1	67	19%
C280	Access to Pharmacies	1431	2	0	5	-3	0%

PY2020

- No changes in the existing PTNP process. No significant changes anticipated in the NA Review process.

- After discussions with AR Department of Health, AID proposes no change on Provider-Types from prior year
  - In the number of provider types
  - In any definition of a provider type

  (Above details are always updated in the *AR Specialty Access Template*)

- Please note that Pharmacies networks will come under widespread scrutiny in the future following Arkansas "PBM" Rule 118.

Importance of participating in the PTNP process

- For the County-level Provider-type access distance reported in the *AR Specialty Access Template* for certification in PY2020, Issuers should use the *Finalized Provider Type-NPI Pool* data (scheduled to be published in March 15, 2019)

- Providers in your network will not get counted as belonging to a particular provider type if they are not agreed to by industry in AID's reviews.

  – For instance if your organization has certain Pulmonologists that do not exist in the PTNP, those providers will not get included in AID's review of Pulmonologists Adequacy. Get them added next PTNP round offered. Similarly, if you know of Pulmonologists who no longer serve Arkansans, get them removed from the PTNP.

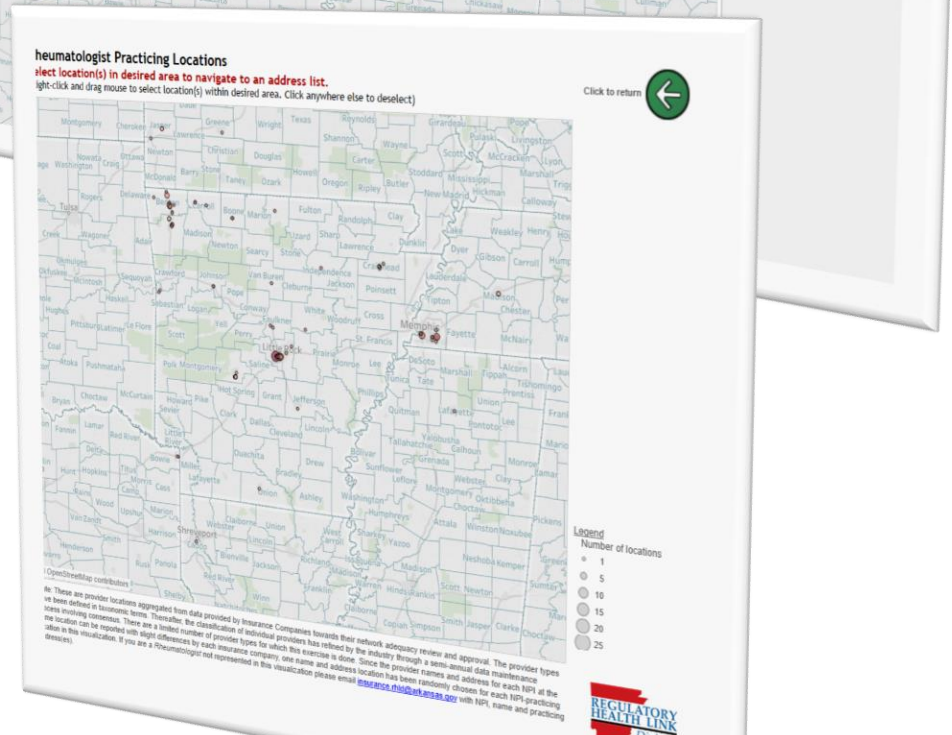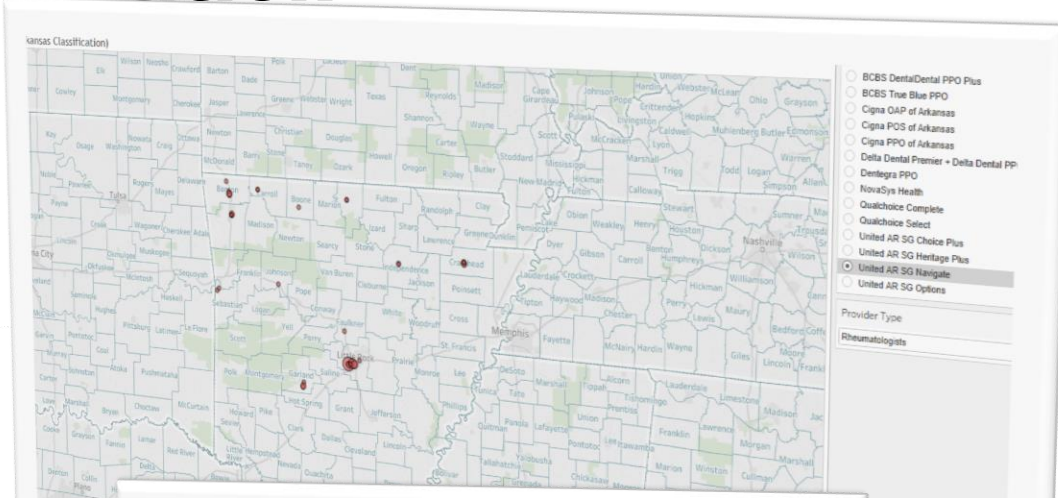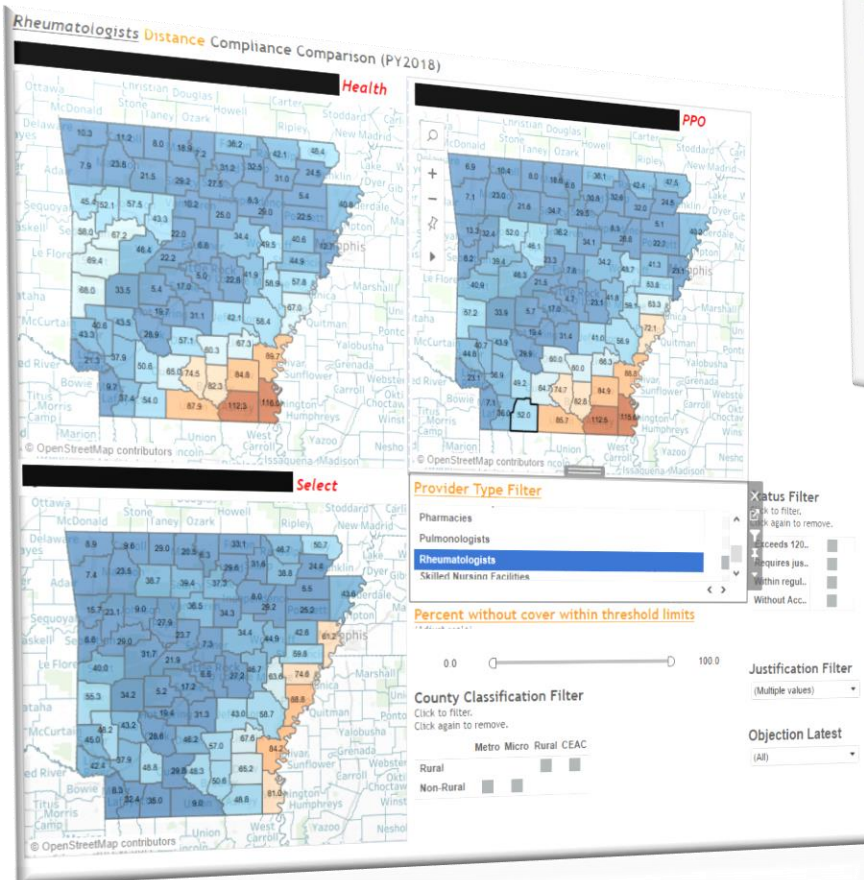# Increased geo-analysis & validation

During certification:

1. AID validates your county level summaries for different provider types contained in the *AR Specialty Access* template against the detailed provider data in the Federal *Essential Community Provider/Network Adequacy (ECP/NA)* template*.

2. AID compares your summary and detailed data against competition.

After certification:

1. AID uses the updated PTNP to view your statistics across time.

Comparing summary and detailed data against competition

PTNP PROCESS REVIEW

Overview

There are two major *types* of processes to the NA review in Arkansas.

1) Provider-Type-NPI-Pool (PTNP) data maintenance.
    1) Round 1 (Pre-certification-data-submission)
    2) Round 2 ("Mid-year", Post-certification-data-submission)
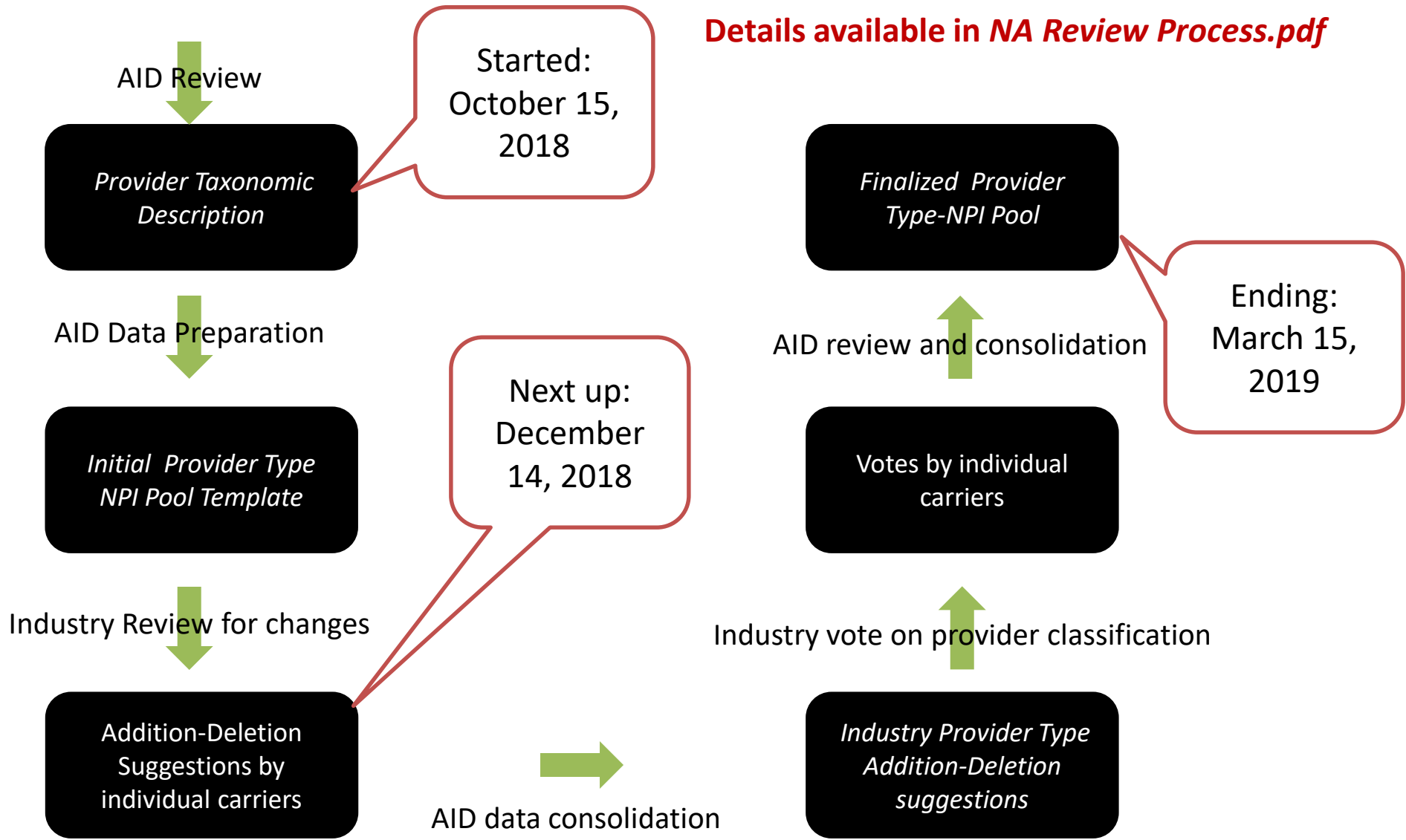2) NA data reporting and review.

This meeting is primarily for the Round 1 of the PTNP process needed before PY2020 data reporting in SERFF. This covers our mutual activities till March 15, 2019.

PTNP Data Maintenance versus NA Data Reporting & Review

PTNP Data Maintenance	NA Data Submission & Review in SERFF
Twice yearly	Once yearly
Regulatory data pre-planning. Not regulatory data by itself.	Regulatory Data.
Not mandatory. But is highly recommended because it has direct bearing on the regulatory data submitted (Arkansas templates) and on analysis done by AID (on Federal ECP/NA templates).	Mandatory.
SERFF not used for data interactions. Data exchanges through AID public website and Issuer data submissions to AID's secure FTP server.	Only SERFF used.
Industry information drives outcomes.	Regulatory requirements drives outcomes.

PTNP data maintenance Round 1

REGULATORY HEALTH LINK
Division
Arkansas Insurance Department

Details available in *NA Review Process.pdf*

AID Review

Provider Taxonomic Description

Started: October 15, 2018

AID Data Preparation

Initial Provider Type NPI Pool Template

Next up: December 14, 2018

Industry Review for changes

Addition-Deletion Suggestions by individual carriers

AID data consolidation

Finalized Provider Type-NPI Pool

Ending: March 15, 2019

AID review and consolidation

Votes by individual carriers

Industry vote on provider classification

Industry Provider Type Addition-Deletion suggestions

How is data exchanged in the PTNP process?

- **From AID to issuers:**

AID's Network Adequacy (NA) webpage (http://rhld.insurance.arkansas.gov/Default/NetworkAdequacy)

For file names refer *Network Adequacy Review Process.pdf* located in the same webpage.

- **From issuers to AID:**

Delivery to AID's secure FTP servers following instructions in "General Data Submission Process to RHLD" located at http://rhld.insurance.arkansas.gov/Info/Public/Templates. For file naming conventions during the two stages of issuer feedback refer *Network Adequacy Review Process.pdf* located in AID's NA webpage.

Data submissions from issuers explained with examples in later slides.

EXPECTATIONS FROM ISSUERS
(ROUND 1 PTNP DATA MAINTENANCE)

REGULATORY HEALTH LINK Division
Arkansas Insurance Department

AID Review

Provider Taxonomic Description

AID Data Preparation

Initial Provider Type NPI Pool Template

Industry Review for changes

Addition-Deletion Suggestions by individual carriers

AID data consolidation

Subsequent slides will address the two activities required from issuers

Finalized Provider Type-NPI Pool

AID review and consolidation

Votes by individual carriers

Industry vote on provider classification

Industry Provider Type Addition-Deletion suggestions

Expectations from Issuers

- Refer pdf document *NA Review Process* located in http://rhld.insurance.arkansas.gov/Default/NetworkAdequacy (NA website)

  - **Issuers provides suggestions for change.** Due on December 14, 2018. AID collects these suggestions and posts the consolidated information on NA website on January 15, 2019.

  - **Issuers vote their agreement or opposition to suggested changes by others**. Due on February 15, 2019. AID processes votes and updates the PTNPs on NA website on March 15, 2019.

- **Issuers to use the updated PTNP data published March 15, 2019 to compute average distance for PY2020 reporting in *AR Specialty Access* template.**

http://rhld.insurance.arkansas.gov/Default/NetworkAdequacy

"Initial Provider Type-NPI Pool"
(Available 10/5/2018)

STAGE 1

Add? Delete?

Blue Cross Experts

"20181214_83470_BCBS_Provider_Type_NPI_AddDelete.csv"
(Due December 14, 2018)

AID Secure FTP Server

"Suggestion for changes" stage using BCBS as an example

http://rhld.insurance.arkansas.gov/Default/NetworkAdequacy

REGULATORY HEALTH LINK
Division
Arkansas Insurance Department

"Industry Provider Type Addition Deletion suggestions"
(Available 1/15/2019)

STAGE 2

To agree or not to agree on this addition and that removal?

Ambetter Experts

"20190215_80799_Ambetter_ObjectionVote.csv"
(Due 2/15/2019)

AID Secure FTP Server

"Voting" stage using Ambetter as an example

ERRORS TO AVOID
(DURING "SUGGESTION FOR CHANGE" AND "VOTING" STAGES)

Errors to avoid during "Suggestions for change" (1 of 2)

- Please understand that our PTNP development attempts to focus on actual provider practice rather than academic qualifications. For example an provider who is qualified in "Internal Medicine" but is known to work only in the ER of a hospital, should not be classified as a Primary Care Provider.

- Use the template "Initial Provider Type-NPI Pool" to suggest changes. Please do not fashion your own spreadsheet.

- Please remember we are communicating about correcting classifications of NPIs (i.e. Providers). Not whether a NPI (i.e. Provider) exists or is valid. Each line communicates either **addition of an NPI to a "C-bucket" –**OR- **removal of an NPI from a "C-bucket".**

- A misclassified NPI ***may*** require two or more suggestions. One would be a **removal** from the incorrect "C-bucket" **and if not already assigned to the applicable "C-bucket(s)", addition(s)** to the correct "C-bucket(s)". Sometimes a misclassification may require only one suggestion- a removal from a "C-bucket" with no concomitant addition suggestions, since an appropriate "C-bucket" does not exist for the NPI.

- AID has observed significant feedback in the voting stage (that comes later) saying that a particular NPI should belong to some other bucket. Please understand that the "Suggestions for change" stage is the stage to add or remove from an classification. **The voting stage that comes later, is not the place to make addition or removal suggestions.**

- Try not to approach the PTNP data maintenance with an inclination towards one type of action (say an inclination towards either addition or deletion). AID tends to compare competitor networks before issuing an objection. Just focusing on say additions and not on removal of inaccurate NPI classifications may not help you in AID's comparative analysis. Please approach the PTNP data maintenance as an effort towards accurate classification.

Errors to avoid during "Suggestions for change" (2 of 2)

- While adding a NPI to a "C-bucket", please pay heed to the taxonomic definition of the "C-bucket". Same consideration applies when looking for removals.
  - For instance the current definition of C250 (Access to Dental – General) does not include Pediatric Dentists, so do not add them to "Dental General". Similarly if you know an NPI listed in "Dental – General" is an Pediatric Dentist by practice, ask for its removal.
- While adding bordering state providers, please remember that AID does not have any "contiguous county" requirement. But bear in mind though that adding providers very far from the borders may not help with your average distance calculations. Add providers in bordering states that Arkansans do avail – because your consumers are probably the best judge.
- Do provide your most compelling reason for an addition or deletion. Each issuer's reasons behind an addition or removal is shown to all issuers during the voting round and may influence their feedback. During vote processing AID may overrule the direction of a vote based on the strength of an issuer's reason.
  - An example of a compelling reason for removal of a PCP can be a brief "Works only in emergency medicine in our 2016 claims data".

Errors to avoid during "Voting" stage (1 of 1)

- Please use the recommended template.
- Please remember that this stage is only to communicate your agreement or rejection of a suggested change of provider classification. It is not about communicating whether a NPI (i.e. Provider) exists – or – that the provider is miss-classified and should belong to a different bucket. While rejecting an addition suggestion, if you realize that the NPI belongs to a different C-bucket, your opportunity for suggesting the addition to the appropriate C-bucket(s) will be in future PTNP data maintenance rounds. Suggestion to add to a different C-bucket cannot be handled at this stage.
- Most network data considerations during the "add-remove" stage also apply to the "Voting" stage; Taxonomic definitions, Out-of-state provider distance considerations, etc. should be considered.
  – For example, before objecting to some other issuer's removal of an apparently valid NPI-"C bucket" combination, consider if the provider is out of state, and if all practicing locations are far from the border.
- Do provide your most compelling reason behind rejecting an addition or deletion. AID may use the strength of your reason to settle a tie, or even reverse the direction of a vote.
  – An example of a compelling reason for rejecting addition of a NPI as a PCP can be a terse "Works only in emergency rooms per claims data".

Next steps for industry

- Refer to slide titled "Expectations from Issuers" (Slide 23)
- **AID always welcomes communication** from Issuers on Network Adequacy on any issue
  - Suggestions for improvement
  - Clarifications or questions
  - One-on-one meetings, especially for those new to the program

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